

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 02-APR-2016		TIME 11:42:00		2. ADDRESS OF OCCURRENCE 5400 N LINCOLN AVE CHICAGO, IL 60625			3. LOCATION CODE 280		4. BEAT/OCCUR 2011		
	5. POSITION 9161		6. LAST NAME MARKOVICH		7. FIRST NAME NENAD N		8. STAR NO. 19638		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
SUBJECT INFORMATION	11. AGE 601		12. HT. 210		13. WT. 210		14. DATE OF APPT. 04-NOV-1996		15. EMPLOYEE NO. 020		16. UNIT & BEAT OF ASSIGNMENT 2084	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME WILLIAMS		21. FIRST NAME MURL		22. M.I. L	
REASON FOR USE OF FORCE (Check all that apply)	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 22-MAY-1969		26. HT. 607		27. WT. 245		28. ADDRESS 1521 S WABASH AVE CHICAGO, IL 60605	
	29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST FRANCIS UNK AT TIME OF REPORT		34. BY WHOM?	
SUBJECT'S ACTIONS	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 8-4-030, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2		37. CB NO. 19288918		38. DNA		39. DNA		40. DNA	
	39. DNA		40. DNA		41. DNA		42. DNA		43. DNA		44. DNA	
WEAPON DISCHARGE INCIDENT	45. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		46. ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		47. ASSAULTANT: ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		48. ASSAULTANT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER ELBOW		49. ASSAULTANT: DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER		50. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER	
	51. MEMBER'S RESPONSE <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		52. MEMBER'S RESPONSE <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>R/O USED NO FORCE</u>		53. MEMBER'S RESPONSE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER		54. MEMBER'S RESPONSE <input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER		55. MEMBER'S RESPONSE <input type="checkbox"/> OTHER		56. MEMBER'S RESPONSE <input type="checkbox"/> OTHER	
CASE INFO.	57. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		58. ADDITIONAL INFORMATION SUBJECT STIFFENED UP AT ENTRANCE TO DETENTION CELL AND FELL AFTER R/O ATTEMPTED TO ESCORT HIM IN R/O DID NOT USE ANY FORCE WHEN OFFENDER STRUCK HIM WITH HIS ELBOW THIS INCIDENT WAS A SUBSEQUENT RESISTING INCIDENT IN THE PROCESSING		59. POSITION STAR NO.		60. UNIT		61. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		62. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
	63. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		64. WEATHER CONDITIONS RAIN		65. MAKE/MANUFACTURER		66. MODEL		67. BARREL LENGTH		68. CALIBER/GAUGE	
SIGNATURES	69. TASER DART ID NO.		70. WEAPON SERIAL No. (Include Letters)		71. CHICAGO GUN REG. NO.		72. IL FIREARM OWNER ID. NO.		73. HANDGUN CERTIFICATE NO.		74. SPECIAL WEAPON CERTIFICATE NO.	
	75. PROPERTY INVENTORY NO.		76. TYPE OF AMMUNITION USED		77. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		78. TOTAL NO. OF SHOTS MEMBER FIRED		79. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		80. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
SIGNATURES	81. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		82. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		83. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		84. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		85. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		86. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
	87. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		88. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		89. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		90. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		91. REPORTING MEMBER (Print Name) MARKOVICH, NENAD N		92. STAR/EMPLOYEE NO. 19638	
SIGNATURES	93. SIGNATURE 02-APR-2016 13:30:46		94. SIGNATURE		95. DATE REVIEWED 02-APR-2016 15:53:29		96. TIME		97. REVIEWING SUPERVISOR (Print Name) SPRANDEL JR, LAWRENCE R		98. STAR NO. 1905	
	99. SIGNATURE		100. SIGNATURE		101. DATE REVIEWED		102. TIME		103. REVIEWING SUPERVISOR (Print Name)		104. STAR NO.	

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AREA.

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was uncooperative and stated he wanted an attorney.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

After reviewing the above incident the undersigned concludes that the member's actions were in compliance with all department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FLYNN, JEANETTE M

SIGNATURE

DATE COMPLETED

TIME

02-APR-2016 16:19:01

79. TOTAL TRR's THIS EVENT No.

1

LOG # 1079922

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